



August 3, 2007

MEMORANDUM

To: All DFCS Regional Directors, County Directors, Case Workers, MHDDAD
Regional Coordinators, Regional Service Administrators

From: Mary Dean Harvey, Director, DFCS
Gwendolyn Skinner, Director, MHDDAD

Re: LOC Transition, RBWO and MRO Providers

As the transition to Room, Board & Watchful Oversight (RBWO) from Level-Of-Care (LOC) and the introduction of Medicaid Rehabilitation Option enters the second month, we'd like to thank you for your feedback, patience and endurance. We also applaud you for your efforts.

During this transition, there have been changes in the roles of our providers and in how we expect you to work with them. A number of misconceptions have surfaced. This memo should help clarify the procedures you need to follow:

Mental Health Treatment

1. **RBWO providers (CCIs and CPAs) are not to require mental health assessments prior to accepting a child for placement.**
 - When children come into our care, they need a place to live. That is what RBWO providers provide while children are awaiting an assessment. Therefore placement can not be dependent upon receiving a mental health assessment.
 - NOTE: OCCP's - Outdoor Child Caring Programs, continue to require mental health/psychological assessment prior to entry.
 - Any child whose behavior suggests that they need immediate assessment for safety reasons should be placed and then referred for a mental health assessment in the community or a hospital in case of emergency. Remember, there is no longer an assessment placement / rate.
2. **RBWO providers are not to require that a child accepted for placement must also be enrolled in that agency's MRO services.**
 - Medicaid requires that consumers have choice in their mental health providers and this includes children in DFCS custody as well as children in parental custody. Therefore, the DFCS case manager may select any MRO that they believe best suits the needs of a child

- **NOTE:** DFCS will continue to pay for a child's bed in placement while that child is receiving treatment in a hospital, Crisis Stabilization Program, or Psychiatric Residential Treatment Facility (PRTF). Children will always need a "home" regardless of their treatment needs.
3. **Hospitals, Crisis Stabilization Programs, and PRTFs are not placements for children.**
 - Children no longer "live" in their place of treatment. Therefore, even when a child presents with severe emotional disturbances, they need a "home" (CCI, Foster Home, etc.) and case managers should identify placement even while obtaining mental health assessment and treatment for the child.

Placements - Child Caring Institutions (CCIs)/ Child Placing Agencies (CPAs)

1. **In no case should a child with unknown behaviors be placed in a program other than Base or Traditional Watchful Oversight.**
 - When it is evident that a Base or Traditional program will not suffice in providing the watchful oversight needs of a child, an Additional Watchful Oversight (AWO), Maximum Watchful Oversight (MWO) or Specialty Program can be considered. We will not tolerate providers who demand case managers to place children in higher watchful oversight programs when there is no reason for those decisions to be made. When you are uncertain what a child's behavior is indicating, you should always have the child assessed by a CORE provider.
2. **Placement denials without good cause will be subject to investigation to determine on-going viability of providers**
 - Should a provider decline to accept a placement in the designated program, the DFCS case manager is to contact his/her regional director immediately. Specific details as to why the provider will not accept the placement are to be provided. Within 24 hours of a denied placement, the DFCS County should send a detailed e-mail to Provider Relations, outlining the specifics of the denied placement. Repeated denials by a provider may result in contract cancellation.

Discharges - Child Caring Institutions (CCIs)/ Child Placing Agencies (CPAs)

1. **Providers are to coordinate any and all discharges with DFCS.**
 - Sole and willful discharge of a child is in direct conflict with the terms and agreements of provider contract. Providers are expected to provide or secure the necessary oversight and services required to maintain the placement until such time as a coordinated discharge can be accomplished. Services are expected to be made available (crisis beds, IFI, wraparound, etc.) in order to bring about stabilization. After all, we are dealing with the lives and well being of children.